

Connecticut Department of Public Safety
Division of Fire, Emergency and Building Services
Office of State Fire Marshal
Burn Injury Report
 (File Within 48 Hours)

Please Print or Type

1) VICTIM'S NAME (Last, First, M.I.)					2) SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		3) DATE OF BIRTH	
4) VICTIM'S ADDRESS (Number, Street)							APT. #	
CITY, TOWN, POST OFFICE					STATE	ZIP CODE	4) VICTIM'S TELEPHONE NUMBER () -	
5) ADDRESS WHERE BURN OCCURRED (Number Street)								
CITY, TOWN, POST OFFICE					COUNTY		STATE	ZIP CODE
6) DATE OF INJURY		7) TIME OF INJURY hrs.		8) PERCENT BURNED %		9) DEGREE(S) OF BURN(S) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Inhalation Burn		
10) AREA(S) OF BODY INJURED 1. <input type="checkbox"/> FACE, HEAD 2. <input type="checkbox"/> NECK, SHOULDER 3. <input type="checkbox"/> CHEST, ABDOMEN 4. <input type="checkbox"/> BACK, BUTTOCKS 5. <input type="checkbox"/> GROIN, GENITALS 6. <input type="checkbox"/> LEG 7. <input type="checkbox"/> FOOT 8. <input type="checkbox"/> ARM 9. <input type="checkbox"/> HAND 10. <input type="checkbox"/> INTERNAL (including trachea and larynx)				11) INJURY SEVERITY (Check appropriate box) 1. <input type="checkbox"/> MODERATE (treated and released) 2. <input type="checkbox"/> SERIOUS (hospitalized) 3. <input type="checkbox"/> LIFE THREATENING (death is imminent and/or probable) 4. <input type="checkbox"/> DEAD ON ARRIVAL				
12) APPARENT CAUSE OF BURN INJURY (Check appropriate box) 1 <input type="checkbox"/> CHEMICAL—Contact or exposure to reactive, caustic, corrosive or irritating substance 2 <input type="checkbox"/> CONTACT WITH HOT OBJECT—Woodstove, stovepipe, furnace, iron, steampipe, exhaust pipe, etc. 3 <input type="checkbox"/> COOKING—Stove, oven, hotplate, barbecue, hot grease 4 <input type="checkbox"/> ELECTRICAL—Electrocution, electrical equipment and flashburns 5 <input type="checkbox"/> EXPLOSIVE—Gun powder, TNT, dynamite 6 <input type="checkbox"/> FIREWORKS—Sparklers, firecrackers, rockets, smoke bombs, etc. 7 <input type="checkbox"/> FLAMMABLE LIQUIDS—Ignition of flammable/combustible liquids such as gasoline, kerosene, diesel fuel, jet fuel, lighter fluid, etc. 8 <input type="checkbox"/> GAS/VAPOR EXPLOSION—Ignition of flammable gases or the explosion of flammable liquid vapors 9 <input type="checkbox"/> HOT LIQUID—Hot water, coffee, tea, hot food, hot tar, melted plastic, etc. 10 <input type="checkbox"/> OTHER OPEN FLAME—Welding, matches, lighter, torch, etc. 11 <input type="checkbox"/> OUTSIDE FIRES—Grass and brush, forest, bonfires, dump, trash and refuse fires, etc. 12 <input type="checkbox"/> RADIATION—Burns caused by contact or exposure to any radioactive materials 13 <input type="checkbox"/> STEAM—Caused by escaping steam from radiators, boilers, pipes, etc. 14 <input type="checkbox"/> STRUCTURE FIRE—Any uncontained burning within a structure, including smoking accidents, trash fires, etc. 15 <input type="checkbox"/> SUNBURN—Exposure to ultraviolet light, including sun lamps 16 <input type="checkbox"/> VEHICLE FIRE—Car, truck, plane, boat, tractor, lawnmower, etc., carburetor and engine fires, etc.								
13) REPORTING FACILITY								
14) ADDRESS OF REPORTING FACILITY (Number, Street)								
CITY, TOWN, POST OFFICE							STATE	ZIP CODE
15) NAME OF ATTENDING PHYSICIAN (Last, First, M.I.)							16) DATE OF REPORT	
17) PERSON FILLING OUT REPORT (Signature)					(CHECK HERE IF THIS INJURY HAS RECEIVED PRIOR TREATMENT (transfer patient)			

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TO REPORT BURN INJURIES

- 1. Immediately** call the Local Fire Marshal in whose jurisdiction injury occurred.
- 2.** Tell the Fire Marshal you are reporting a burn injury and give the following information:
 - Victim's name, address and date of birth
 - Address where burn injury occurred
 - Date and time of injury
 - Degree of burns and percent of body burned
 - Area(s) of body injured
 - Injury severity
 - Apparent cause of burn injury
 - Name and address of reporting facility
 - Attending physician
- 3. Complete the Burn Injury Reporting Form with 48 hours and submit it to:**

Burn Injury Reporting System
 Office of Education and Data Management
 P.O. Box 2794
 Middletown, CT 06457-9294